



DECLARATION OF PRIMARY STATE OF RESIDENCE

Name: _____ License # _____

Current Address: _____

City: _____ State: _____ Zip: _____

.....
Permanent Address: (if as above use same) _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

In accordance with Health Occupations Act, Title 8 § 8-7A-01 Nurse Licensure Compact, I
declare that the State of _____ as my primary state of residence and is my
legal state of residence.

I affirm that the contents of this document are true and correct to the best of my knowledge and
belief. Providing false or misleading information may result in disciplinary action by the Board.

Signature: _____ Date: _____